Fostering Family Connections: Pursuing Permanence for Children and Youth in Foster Care

A Literature Review

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Fostering Family Connections

Pursuing Permanence for Children and Youth in Foster Care

"One of the greatest diseases is to be nobody to anybody"

Mother Teresa

PREPARED BY

Ryan D. Honomichl, PhD

&

Susan Brooks, MSW

UC Davis Human Services Northern California Training Academy

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Northern Training Academy Supporting Children and Family Services

1632 Da Vinci Ct. Davis, CA 95616-4860

Tel: (530) 757-8643 ● Fax: (530) 752-6910 ● Email:

academy@unexmail.ucdavis.edu

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Executive Summary

Purpose of this Review

The purpose of this literature review is to explore issues surrounding the use of family members as foster caregivers, typically known as *kinship care*. Because foster care is intended to improve future outcomes and minimize negative psychological, behavioral and social consequences, researchers and policy makers are suggesting kinship care as a possible alternative strategy to traditional non-kin care. The following issues will be examined regarding kinship foster care. First, how are children in cases of kinship care different from those in non-kin care? Second, how are caregivers in cases of kinship care different from those in non-kin care? Third, how do foster care outcomes differ between kinship care and non-kinship care cases? Fourth, are there factors that can be manipulated or techniques that can be utilized to maximize the potential benefit of kinship care?

Method

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (http://cssr.berkely.edu), Child Welfare Information Gateway (www.childwelfare.gov) and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used: *kinship care, kinship foster care, relatives + foster care, family + foster care.* Additionally, an

iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Findings and Conclusions

This review examined key issues in the area of kinship foster care. Children in kinship foster care are different from those placed in traditional non-kinship foster care in a number of ways. They are, on average, younger, consist of more African-American children, have had fewer previous foster care placements and have fewer pre-existing developmental and behavioral problems than child in non-kinship care. Kinship caregivers also appear to differ from traditional non-related foster caregivers. On average, they are less affluent, less educated, more likely to be single and older than non-kin care providers. Differences in each of these groups, children and caregivers, should be considered in future efforts in kinship foster care. Furthermore, kinship care seems to benefit children in several ways: maintenance of connections to their birth family, a more stable foster care experience and fewer negative emotions regarding the foster care experience. However, children in kinship foster care have also been found less likely to reunite with birth parents or reunite more slowly and are more likely to be limited to permanent foster care than children in traditional non-kin care. In addition, there is evidence that kinship caregivers provide less realistic and sensitive parenting, are limited in their care giving by a lack of financial resources and are less trained by and have less contact with the Child Welfare System (CWS) system. Taken together, this evidence suggests that kinship foster care is a viable and important CWS strategy, but changes to certain practices and philosophies would improve how it is implemented in order to strengthen its potential benefit to children and families.

Purpose of this Review

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Introduction

A primary focus of the CWS is the timely and permanent placement of a child in a family environment. This focus is pursued through three goals for each child: safety, permanency and well-being. Though family reunification is the preferred outcome, this is not always attainable. Between 1998 and 2006, for instance, the percentage of youths entering adulthood without the benefit of a stable and permanent family system has increased by over 50% (USDHHS, 2008). When concerns over safety and well-being are in questions, a child may live in foster care while awaiting reunification with parents or adoption. The experience of being in foster care has been linked to a number of potential negative outcomes such as delinquency, depression and aggressive behavior. Specifically, lengthy and unstable placements (resulting in multiple re-placements) in foster care have been shown to have psychological and developmental consequences of the child. For example, Lewis and colleagues (2007) found that children with unstable foster placements showed more deficits of cognitive control as well as more oppositional behavior than those in more stable placements.

Though any removal from the home and placement into foster care is associated with some risks of negative consequences, one strategy thought to minimize these consequences is the placement in kinship care. This refers to placement in households,

for example, of grandparents, uncles/aunts or brothers/sisters. At first glance, this strategy seems optimal since the child would seem to experience more continuity in family identity, less stress in adapting to a novel environment and less anxiety about losing connection to the birth family. Advocates have argued that kinship caregivers are more likely to have a special interest in the well-being of the child and that kinship care placements provide children with a sense of family support (Iglehart, 1994). Relatives may also encourage visitation with birth parents and siblings more than traditional foster parents (LeProhn, 1994; Davis, Landsverk, Newton & Granger, 1996; Chipungu, Everett, Verduik & Jones, 1998). Furthermore, advocates for kinship care suggest that connection with and reliance on extended family is an important, yet neglected, issue in traditional child welfare philosophies (Brown, Cohon and Wheeler, 2002). These traditional views have focused on the importance of the nuclear family and the need to place the children in a stable family unit in order to minimize their potential of mimicking the dysfunction of their birth family. Many researchers and policy makers also believe that the inclusion of kin should only occur during foster care decisions; others suggest that this inclusion should be more broadly applied to include decisions on permanency and child well being (Geen & Berrick, 2002).

In addition to providing benefits to the child, kinship care has often been seen as a potential solution to many of the broader concerns of the child welfare system in the

21st century such as serving growing CWS populations, addressing the shrinking number of qualified and available foster parents and providing culturally competent placements for children (Brown, Cohon and Wheeler, 2002).

Statistics of child welfare practice over that last quarter century illustrate changes in attitudes about kinship care. Between 1986 and 1990, the U.S. Department of Health and Human Services (DHHS) reported that the percentage of children placed in kinship care increased from 18 to 31% (Kusserow, 1992). This percentage varied throughout the 1990s and early years of this decade with the percentage of kinship foster care placements stabilizing at approximately 25% of the foster care population (Beeman, Kim & Bullerdick, 2000; Children's Bureau, 2008). Though the use of kinship care varies across states, California is among the most frequent users (Wulczyn & Hislop, 2001). In 2000, over two million children were estimated to be living with a non-parental relative, a number that was many times greater than the number of children living in typical non-kin foster care (Fields & Casper, 2001).

It is important to note that the use of kin is not restricted only to foster care. Kinship care is a term that encompasses two distinct entities: formal kinship care, planned and initiated by a child welfare agency, and informal kinship care arranged privately by the extended family. Empirical evidence suggests that informal kinship

care represents the vast majority of the children living in kinship arrangements (Ehrle, Geen & Clark, 2001). In a survey of CWS workers across 40 states, Leos-Urbel and colleagues found that many workers reported using kin relations for placing children in voluntary care outside of formal state custody procedures (Leos-Urbel, Bess, and Geen, 2002).

Prior to the 1990s, federal policy regarding the practice of kinship foster care was vague. However, several legal events have had broad policy implications on this issue. In 1994, amendments to the Social Security Act provided for child welfare demonstration projects involving kinship care (Ehrle & Geen, 2002). In 1996, The Personal Responsibility and Work Opportunity Reconciliation Act contained a statement supporting the use of kinship care and giving preferences to foster care placement with relatives. Though this practice had already been implemented in many states, this was the first clear statement of support from the federal government.

Most importantly, the Adoption and Safe Families Act (ASFA) of 1997 was the first federal legislation to recognize the unique potential strengths of kinship care and allow states to utilize it in particular cases. More specifically, the ASFA also provides states with the ability to change the time requirements for terminating parental rights in cases of kinship care.

The previous material points to changing attitudes and practices regarding the use of kin as foster care providers. However, empirical evidence is necessary to assess the potential benefits and problems associated with this strategy. In the next section, the following issues will be considered:

- Who goes into kinship foster care?
- Who is likely to provide kinship care?
- How do kinship and non-kinship foster placements compare?
- What factors promote successful kinship care?

Methodology

Literature was reviewed and acquired using the following search databases: Academic Search Premier, PsychINFO and PsycARTICLES. Additionally, in using the World Wide Web, primarily Google, the following Child Welfare Research and Policy Organization websites were searched: Child Welfare Research Center (CWRC) (http://cssr.berkely.edu), Child Welfare Information Gateway (www.childwelfare.gov) and American Humane Association (www.americanhumane.org). These databases were selected to locate peer-reviewed literature. The following search terms were used: *kinship care, kinship foster care, relatives + foster care, family + foster care.* Additionally, an iterative process was used in that the results or discussions from one search were used for further searches based on additional references or key words.

Findings

Who goes into kinship foster care?

Research has detected several factors showing that children in kinship care differ from those in non-kinship care. First, children in kinship foster care are younger on average than children in non-kin foster care (Berrick, Needell & Barth, 1995; Cook & Ciarico, 1998). Second, the racial and ethnic makeup of the two groups differs. African-American children are most common among children placed in kinship care (Altschuler, 1998; Berrick, Needell & Barth, 1995; Cook & Ciarico, 1998). This may be due to the flexible and diverse nature of extended African-American families (Brown, Cohon, Wheeler, 2002). In contrast, there appears to be no significant difference between kinship and non-kinship foster care in terms of the proportion of Hispanic children (Cook & Ciarico, 1998).

The CWS history of children in kin and non-kin care also differs. Children in kinship care have fewer previous placements (Berrick, Barth, & Needel, 1995; Brooks & Barth, 1998). Also, children in kinship care typically have fewer developmental and behavioral problems than those in traditional foster homes (Benedict, Zuravin & Stallings, 1996). Of course, these differences are difficult to explain, but it may be that this is due to kinship caregivers choosing to take children who are less compromised

and therefore easier to care for. Children in kin and non-kin foster care also differ on why they are typically removed from the home of their parents. Cook and Ciarico (1998) found that children in kinship care are more likely than non-kin foster children to have been removed due to abuse or neglect as opposed to other family problems. Children placed in kinship care are also more likely to come from homes with parental drug or alcohol problems (Altshuler, 1998; Benedict, Zuravin, & Stallings, 1996; Cook & Ciarico, 1998). Furthermore, cases of kinship care are more likely to involve young birth parents and parents that never married (Altshuler, 1998; Cook & Ciarico, 1998).

In comparison studies to children in the general population, children in kinship care have been found to have more difficulties with medical issues, more mental health problems and more problems at school than children in the general population (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994; Dubowitz, Feigelman, & Zuravin, 1993). Within the realm of mental health, children in formal kinship care also appear to be similar to those in non-kin care. Dubowitz and colleagues (1993) found that children in kinship care were at greater risk for externalizing (i.e., aggression and violence) and internalizing (i.e., anxiety and depression) than children in the general population.

Who is likely to provide kinship care?

Although, as summarized above, relative caregivers are believed to provide a number of benefits to children in their care, studies show that kinship care does convey some disadvantages for the child. Across many studies, kinship caregivers have been found to be significantly poorer than non-kin foster parents (Barth et al., 1994; Brooks & Barth, 1998; Chipungu et al., 1998; Gebel, 1996; Le Prohn, 1994). This lower socioeconomic status seems to be related to several other variables including, 1) lower education (Barth et al., 1994; Chipungu et al., 1998; Gebel, 1996; Le Prohn, 1994; Zimmermanet al., 1998) and 2) marital status – with kinship caregivers being more likely to be single than non-kin caregivers (Barth et al., 1994; Bonecutter & Gleeson, 1997; Chipungu & Everett, 1994; Gaudin & Sutphen, 1993; Gebel, 1996; Le Prohn, 1994; Pecora, Le Prohn & Nasuti, 1999; Scannapieco et al., 1997). Finally, kinship caregivers also tend to be older than non-kin foster parents (Barth et al., 1994; Chipungu et al., 1998). This may be related to the fact that many related foster care providers are grandparents or older aunts/uncles.

Given these findings, child welfare workers must take these factors into consideration when making decisions about foster placement. Certainly, related caregivers may provide benefits in terms of continuity of family identity and

maintaining connection with parents and siblings. However, the stress and anxiety that may stem from the caregiver's poverty or marital status may compromise the level of care and attention that he/she can provide.

Evidence supporting the view that kinship caregivers may be compromised in their ability to provide a full spectrum of care for the child has been found in studies examining the relationship between caregivers and different aspects of child welfare services. Kinship caregivers typically receive fewer services and have fewer contacts with caseworkers than do caregivers in non-kinship foster care (Berrick, Barth, & Needell, 1994; Dubowitz, et al. 1994; Iglehart 1994; Thornton 1991). Kinship caregivers also report receiving less training and help from support groups (Berrick et al., 1994)

Given these findings, it appears that kinship caregivers are unaware of or unable to take advantage of the services they need and that are available to them. However, this characterization is overly simple. It may be that kinship caregivers prefer to rely more on informal sources of support (Le Prohn & Pecora, 1994). Also, CWS workers may hold the attitude that kinship care requires less supervision and assistance and may also believe that kinship care exists outside the traditional structure of the child welfare system (Berrick et al., 1994). Caseworkers may fail to initiate or sustain regular contact with kinship care families because they believe that related caregivers prefer to

be given less supervision. In addition to this, it may be that the needs of kin caregivers also may differ from those of non-kin caregivers and that despite the increased visibility and support for kinship care, the CWS has not adapted service philosophies and procedures to address these needs. For example, while non-kin caregivers may need assistance and training in learning how to care for and parent an abused and/or neglected child, kin caregivers may need more basic assistance in obtaining adequate income, housing and health care to properly care for the child (Leos-Urbel, Bess & Geen, 2002). Taken together, these issues point to the multidimensional aspect of this problem. That is, the limited contact between CWS workers and kinship caregivers and the lower levels of service provision in these cases may be caused by factors related to both the caregivers and the CWS workers.

How do kinship and non-kinship foster placements compare?

Making a rigorous and scientific examination of the costs and benefits of kinship care is challenging for several reasons. First, until recently, effectively comparing key outcome variables between cases of kin and non-kin care was difficult as little data existed for such an analysis (Carpenter & Clyman, 2004). Specifically, few studies addressed formal kinship care and virtually none addressed informal kinship care. Many older studies utilized the less rigorous method of retrospective case review (e.g.,

Benedict, Zuravin and Stallings, 1995). In response to this need, a number of large

sample studies have been conducted in recent years to address this issue (Koh & Testa,

2008; Koh, 2009). Second, because the nature of cases that go to one of the two types of

care is different, it is challenging to examine them side by side (Altshuler, 1998). Despite

these difficulties, in this section, existing evidence (both positive and negative)

comparing and contrasting kinship and non-kinship care will be examined.

Evidence supporting kinship care is readily apparent in the child welfare

literature. Research has also shown that children in kinship care have more frequent

and consistent contact with both birth parents and siblings than children in non-kin

foster care (Barth, Courtney, Berrick & Albert, 1994; Chipungu, Everett, Verduik &

Jones, 1998). Furthermore, children in kinship foster care are less likely to experience

frequent and disruptive placements than children in non-kinship foster care (Koh &

Testa, 2008). In an interview study with children in kinship care, Messing (2006) found

that children felt being placed with a family member was less stigmatizing than being

placed with a non-relative. So, as summarized above, the advantages of kinship care

suggested by advocates do seem to be supported by empirical evidence. That is,

children in kinship care maintain connections to their birth family, have a more stable

foster care experience and experience less negative emotions regarding the foster care

experience.

In contrast to the advantages listed above, kinship care also has several empirically demonstrated disadvantages. The parenting of foster care providers is certainly a variable of interest to child welfare researchers. While parenting difficulties often occur during foster care (Orme & Beuhler, 2001), some studies show kinship parents to have less empathy toward the child's needs than traditional foster parents (Gebel, 1996), use fewer appropriate discipline strategies (Colton, 1988; Gaudin & Sutphen, 1993) and have less realistic developmental expectations of the child (Gaudin & Sutphen, 1993). However, results from other studies suggest that kinship care providers feel a greater parenting responsibility, a greater need to promote healthy development in the child than non-kin foster parents (Le-Prohn, 1994) and possess more positive attitudes regarding the social-emotional well-being of the children in their care (Gebel, 1996; Berrick, 1997).

The issue of permanency is a core focus in CWS. In this area, evidence on kinship care is mixed. First, there is evidence that children in kinship foster care return to their birth parents more slowly than children in traditional care (Wulcyzn & Goerge, 1992); however, this finding is not universally supported (e.g., Wells and Guo, 1999). Second, there is some evidence that kinship families are less likely to adopt (Berrick et al., 1994), though once again, this finding is inconclusive (e.g., Gebel, 1996). Finally, some studies have shown that children in non-kinship care are more likely to reunite with their birth

parents; whereas, children in kinship care are more often limited to long-term foster

care as their permanency goal (Bonecutter, 1999; Cuddleback, 2004). Given these

tenuous findings, it is tempting to suggest that kinship care practices are not well

aligned with traditional CWS permanency goals and procedures. However, given the

variability in cases of kinship care and extraneous factors that may influence the

outcomes of a particular case, it is necessary to examine individual differences and

resources that may foster successful kinship care outcomes.

What factors promote successful kinship care?

Coakley and colleagues (2007) interviewed families engaged in kinship foster

care to examine factors that, in their experience and opinion, facilitated successful

fostering. Commonly reported themes were 1) a sense of responsibility to the extended

family and love for the child, 2) religious/spiritual faith and participation/membership

in a church community and 3) previous experience in parenting and an emphasis on co-

parenting between two partners. The first theme is interesting as other studies have

shown that kinship caregivers are often lower on commitment and affection for the

child. For example, Harden and colleagues (2004) surveyed kin and non-kin caregivers

and found that kinship foster parents were lower on the traits of parental warmth and

respect for the child. However, when this difference was examined with the effect of

age and financial resources statistically controlled, the two groups were no longer significantly different.

Given this evidence and evidence from other studies that kinship foster families receive less training, fewer services and less support than non-kinship foster families (Lewis & Fraser, 1987; Wulcyzn & Goerge, 1992; Iglehart, 1994), efforts to provide kinship foster families with training may be warranted. Although limited, existing evidence suggests that outreach training and education for kinship caregivers and children can be beneficial. For example, Strozier and colleagues (2005) implemented a school-based intervention program designed to increase children's self esteem and help alleviate the stress and burden of being a foster caregiver for kin. Evaluation of this program suggests that they were successful with each of these goals. Furthermore, many of the caregivers reported concerns with the child's potential for behavior problems, especially those placed due to parental substance abuse. This points to the need that kinship caregivers have in meeting the basic needs of the child as well as in receiving education and training to better understand the nature of the problems or potential problems that the child might have and how to intervene with them.

A related example of a resource for kinship foster caregivers is Kinship Care (Warmline, Strozier & Krisman (2007)). This is an emotional support, education, information and referral telephone line in Florida for kinship foster care providers.

Caregivers typically use this resource for instruction and assistance regarding CWS service issues, information about what resources are available and where support groups are located in their communities and how to handle age-typical issues related to the foster child. Such a resource may help overcome limited contact with case workers and a general lack of training in areas of traditional foster care practice. This resource, as well as the intervention program described above, illustrates common needs of kinship foster caregivers: emotional support, specific advice on how to address family problems and problems of the child, and information on services and resources in the area. Future efforts in promoting kinship foster care should consider outreach or intervention programs to provide for these needs and end the disparity in training and CWS contact between kin and non-kin caregivers.

Conclusions

This review examined key issues in the area of kinship foster care. Children in kinship foster care are different from those placed in traditional non-kinship foster care. They are, on average, younger, consist of more African-American children, have had fewer previous foster care placements and have fewer pre-existing developmental and behavioral problems than children in non-kinship care. Kinship caregivers also appear to differ from traditional non-related foster caregivers. On average, they are less affluent, less educated, more likely to be single and older than non-kin care providers. Differences in each of these groups, children and caregivers, should be considered in future efforts toward kinship foster care. Furthermore, kinship care seems to benefit children in several ways: maintaining connections to their birth family, a more stable foster care experience and fewer negative emotions regarding the foster care experience. However, children in kinship foster care have also been found less likely to reunite with birth parents or reunite more slowly and are more likely to be limited to permanent foster care than children in traditional non-kin care. In addition, there is evidence that kinship caregivers provide less realistic and sensitive parenting, are limited in their care giving by a lack of financial resources and are less trained by and have less contact with the CWS system. Taken together, this evidence suggests that kinship foster care is a

viable and important CWS strategy but that changes to certain practices and

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Appendix – Family Finding as a Promising Practice

Given the evidence that children can be better served when raised by family members, one potentially viable strategy during the foster caregiver search process may be to find biological relatives of the child. This could be done in order to place the child into kinship care with the found family members, and in the cases that this is not possible, solidify relationship with other relatives in an effort to help the child develop and/or maintain a sense of identity within the family of origin.

The family finding model , conceived by Kevin Campbell in 1999, mimics search techniques used by agencies, such as the Red Cross, to reunite families following a natural disaster or traumatic event . Implementation involves the following steps:

1. Discovering at least 40 family members of the child using tools such as Internet searches and genealogical archives

2. Learning more about the child through close connections

3. Planning for the child's successful future with family members and others important to the child

4. Decision-making for the future, including plans for legal and emotional permanency

5. Evaluating the permanency plan

6. Following up with the child and family

For more information, see the following resources:

http://www.dukeendowment.org/issues/families/family-finding-overview/strategy

http://www.senecacenter.org/familyfinding